

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO
107089362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT												
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1						51										
2		1					52										
3		2					53										
4		6					54										
5		12					55										
6		6					56										
7		6					57										
8		6					58										
9		10					59										
10		6					60										
11		3					61										
12		6					62										
13		6					63										
14	1						64										
15	1						65										
16	1						66										
17							67										
18							68										
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44							94										
45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.	4		5				TOTAL IND.										
TOTAL DEP.	17		31				TOTAL DEP.										
TOTAL CLAIMS	17		36				TOTAL CLAIMS										